

04-1604

Ifw Emmie  
AF/1600

PTO/SB/21 (6-99)

Approved for use through 09/30/2000 - OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

83

1636

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/902,572
Filing Date	July 10, 2001
First Named Inventor	Ashkenazi, et al.
Group/Art Unit	1636
Examiner Name	Leffers, Jr., Gerald G.
Attorney Docket Number	39780-1618P2C40

Total Number of Pages in This Submission	
--	--

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>FEE TRANSMITTAL FORM</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>EXTENSION OF TIME REQUEST (1 MONTHS - \$110.00)</b> <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Copy of an Assignment <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> <b>NOTICE OF APPEAL</b> <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> <b>STAMPED RETURN POSTCARD</b>		
<table><tr><td>Remarks</td><td></td></tr></table> <p><b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39780-1618 P2C40.</b></p>			Remarks	
Remarks				

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	HELLER EHRMAN WHITE & McAULIFFE LLP	DAAPHNE REDDY (Reg. No. 53,507)
	275 Middlefield Road, Menlo Park, California 94025	Telephone: (650) 324-7000 Facsimile: (650) 324-0638
Signature	Daphne Reddy	
Date	April 14, 2004	Customer Number: 35489

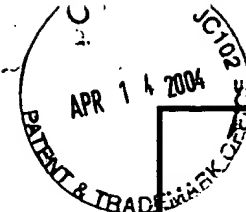
## CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: **MAIL STOP AF, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450**, on this date: **April 14, 2004**

Express Mail Label **EL 977 677 628 US**

Typed or printed name	Cheryl Rogers		
Signature	Cheryl Rogers	Date	April 14, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop 1, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL for FY 2004</b> <i>Effective 01/01/2004. Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 640.00
<b>Complete if Known</b>	
Application Number	09/902,572
Filing Date	July 10, 2001
First Named Inventor	Ashkenazi, et al.
Examiner Name	Leffers, Jr., Gerald G.
Art Unit	1636
Attorney Docket No.	39780-1618P2C40

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 39780-1618P2C40) Deposit Account Name: Heller Ehrman White & McAuliffe LLP <b>The Commissioner is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b>
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
Total Claims: <input type="text"/> -20** = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Independent Claims: <input type="text"/> -3** = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Multiple Dependent: <input type="text"/> = <input type="text"/>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					<b>(\$)</b>
**or number previously paid, if greater; For Reissues, see above					
				Other fee (specify)	
				<b>* Reduced by Basic Filing Fee Paid</b>	
<b>SUBTOTAL (3)</b>					<b>(\$)</b> 640.00

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Daphne Reddy	Registration No. (Attorney/Agent)	53,507	Telephone	650-324-7000
Signature	<i>Daphne Reddy</i>	Date	April 14, 2004	Customer No. 35489	